PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number
10/700029
となっつつつら
10000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TC	TAL CLAIMS	(2)						RATE	FEE	1	RATE	FEE	
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
то	TAL CHARGEA	BLE CLAIMS	/) minus 20=		•			X\$ 9=		OR	X\$18=		
ـــــ	EPENDENT CL			nus 3 =	* 0			X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT							J	+145=	5 -	OR	+290=	. \	
* If the difference in column 1 is less than zero, enter "0" in column 2						,	TOTAL	385	OR	TOTAL			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							<u>)</u>	SMALL	ENTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	• .3	Minus		20	= Ø	11	X\$ 9=		OR	X\$18=		
AME	Independent	* / t	Minus		<u>?</u>	-Ø	4	X43=		OR	X86=		
_	FIRST PRESE	NIATION OF MI	JETIPLE DEP	ENDEN	CLAIM		4	+145=		OR	+290=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colur	(Column 3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	# 10 #					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=	╛┃	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	⅃ ၨ	X43=		OR	X86=		
<u> </u>	FIRST PRESE	NTATION OF MU	JUIPLE DEF	ENDENI	CLAIM	<u></u>	┚┇	+145=		OR	+290=		
							,	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
AME	Independent	ANTATION OF AN	Minus	***			┧┞	X43=		o'R	X86=		
Ļ	FIRST PHESE	NTATION OF MI	JUIPLE DEF	ENDENT	CLAIM	U_	J ↾	+145=			+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		mber Previously Pa hber Previously Pai						ınd in the app	propriate box	in col	umn 1.		

. Ot. O'COMMITTEE